



PATENT  
Docket: 16356.736 (DC-02351)  
Customer No. 000027683

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:  
Jaggers, Christopher M.

Serial No. 09/769,943

Filed: January 26, 2001

For: PORTABLE CELL PHONE  
DOCKING SYSTEM

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Examiner: Lele, Tanmay, S.

Group Art Unit: 2684

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Technology Center 2600

**AMENDMENT AND REQUEST FOR RECONSIDERATION UNDER 37 CFR 1.116**

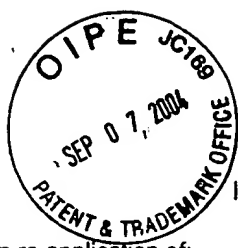
Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action dated July 19, 2004, please amend the above-identified application as follows:

INTRODUCTORY COMMENTS

Claims 1-4, 17, 18, 20 and 22-24 are amended, claims 6, 9-16, 21 and 28-32 are cancelled and claims 1-5, 7, 8, 17-20 and 22-27 remain in the application. Re-examination and reconsideration of the application, as amended, are requested.



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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Final Office action dated July 19, 2004, enclosed are the following regarding the above-identified patent application:

1. Amendment and Request for Reconsideration Under 37 CFR §1.116;
2. Return postcard; and
3. Transmittal letter.

☐ Small entity status of this application has been established by a previously submitted verified statement under 37 C.F.R. §§ 1.9 and 1.27.

☒ No additional fee is required.

The fee has been calculated as shown below:

						<u>SMALL ENTITY</u>		<u>OTHER THAN A SMALL ENTITY</u>		
<u>(Col. 1)</u>			<u>(Col. 2)</u>		<u>(Col. 3)</u>	RATE	ADDIT. FEE	<u>OR</u>	RATE	ADDIT. FEE
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA					
TOTAL	17	minus	32		= 0	x 9	\$ _____	OR	x 18	\$ <u>0.00</u>
INDEP	5	minus	5		= 0	x 43	\$ _____	OR	x 86	\$ <u>0.00</u>
[ ]	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ 140	\$ _____	OR	+ 280	\$ _____
						TOTAL	\$ _____	OR	TOTAL	\$ <u>0.00</u>

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge Deposit Account No. [08-1394 H&B] in the amount of \$ \_\_\_\_\_.

☐ A check in the amount of \$ \_\_\_\_\_ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. [08-1394 H&B, Order No. 16356.736 (DC-02351)].

- [ X] Any additional filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.  
[ ] Any patent application processing fees under 37 C.F.R. § 1.17.  
[ ] A copy of this sheet is enclosed.

Respectfully submitted,

  
James R. Bell  
REGISTRATION NO. 26,528

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
on	<u>9/2/04</u>
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Typed/Printed name of person signing Certificate	